

APPENDIX A

IMPACT STUDY

DATA COLLECTION INSTRUMENTS AND ITEM JUSTIFICATION TABLE

Table A: Impact Instrument Content Chart: Explanatory and Outcome Variables

Parent Application Form

Student Follow-up Survey: Reading and Math Versions

Regular School Day Teacher Survey: Reading and Math Versions

Student Records Request

Achievement Tests in Reading and Math

Table A: Impact Instrument Topics, Item Numbers, and Purpose

EXPLANATORY VARIABLES

Topic & Items	Student Testing (pre-test)	Parent Application Form (Baseline)	Student Survey (Interim and Follow-up)	School-Day Teacher Survey (Follow-up)	School Records	Purpose
Background Information						
Family/household information						
adults in the household		7				Quality/availability of support in English for homework at home. If program group students get less after-school "homework help" can they get support at home? Potential subgroup variables.
main language spoken		8				
mother's education level		12				
qualify for free/reduced price lunch		11				
family mobility		13, 14				If there is attrition from the study sample, these data allow us to use Heckman adjustments for response bias correction.
Child's basic demographics						
grade, birthday/age, gender, race/ethnicity		1-3, 9-10			√	Covariates to increase precision of impact estimates; potential subgroups for the analysis of program impacts.
Child's prior/existing academic history						
class assignment				1-2		Used as a "screen" to ensure that teachers are responding about students they teach or have taught.
repeated a grade		4				Covariates to increase precision of impact estimates; potential subgroups for the analysis of program impacts.
LEP					√	
Special Ed					√	
receives special academic support		5, 6				

EXPLANATORY VARIABLES

Topic & Items	Student Testing (pre-test)	Parent Application Form (Baseline)	Student Survey (Interim and Follow-up)	School-Day Teacher Survey (Follow-up)	School Records	Purpose
Academic Achievement						
Academic Support						
receives special academic support during school day				3		Covariate to increase precision of impact estimates; potential subgroups for the analysis of program impacts.
amount of time school-day reading/math class meets per week				4		Base against which to measure increased math/reading instruction.
amount of time student receives individualized help during school day per week				5		Indication of whether teachers compensate for extra help given to treatment group, affecting service contrast.
sources and frequency of reading/math support outside of regular school day			1-4			Indication of possible sources of extra help, which could affect service contrast.
Academic Performance						
prior test scores					√	Student achievement outcomes pre-implementation (covariates to increase precision of impact estimates); and possible subgroups.
math/reading pre-test	√					
Student Behaviors						
misbehavior in school				8-9		Student behavior and effort could play a mediating role on academic outcomes. These measures could aid in interpreting impact results.
effort and attentiveness in school				10-11		
Homework						
sources of and need for homework help			5-9			Participation in enhanced academic after-school program vs. homework help reduces time available for doing homework. Possible unintended consequence of program participation.
doesn't attend program because too much homework			11			
Out-of-school activities						
overall student impression of after school program			12			Possible service contrast that would aid in interpretation of impact results.
staff encouragement, support, and expectations			13			
participation in other reading and math activities outside of school			10			Affects service contrast if students receive math and reading instruction from other programs.

OUTCOME VARIABLES

Topic & Items	Student Testing (post- test)	School-Day Teacher Survey (Follow-up)	School Records	Purpose
Final Academic Outcomes				
Performance				
need for individualized help in class		5		Academic progress is the key measure of the effect of the after school program.
student grades			√	
achievement test scores post-implementation			√	
promotion/retention in grade			√	
math/reading post-test	√			
Homework				
Student completes assignments to teacher's satisfaction		6-7		Completion of schoolwork serves as a measure of the effect of the after-school program, as the programs provide opportunity and support for schoolwork completion. Also important in examining the possible unintended consequence if the program group gets less homework help.



After School Program

Application Form

Contact Sheet

Consent Form



Study of Academic Instruction in After School Programs

If you are interested in enrolling your child in the after school program, please read and fill out the following materials. Attached are three forms. The application asks about your child's academic needs and family background. The contact sheet asks for your contact information in case we need to reach you or your child. The consent form, once signed, states that you agree with the conditions for participation in the study. Thank you very much for your application and for helping us to learn more about enhanced academic instruction in after school programs.

We want you to know that:

1. On the application form, we hope that you answer as many questions as you can; however, you may skip any questions you do not wish to answer.
2. The information on the contact sheet will be used by the research team to contact you or your child with questions or information about the after school program.
3. To be eligible for the enhanced academic program offered in the after-school program and to participate in the study, you must read, sign, and return the consent form.
4. All responses are confidential. For research and reporting, the information about your child will be combined with information about other children, and the answer you give will never be identified as yours or your child's.

MDRC
New York, NY

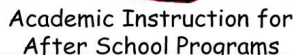
www.mdrc.org

For questions, call Fred Doolittle at 800-221-3165

fred.doolittle@mdrc.org

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.



Must be completed by the child's parent or legal guardian
PLEASE PRINT

(FIRST)

(LAST)

"NICNAME"

(FIRST)

(LAST)

MIDDLE INITIAL

MONTH

DAY

2005

YEAR

- 1 What grade is your child currently in?** 2 ☐ Grade 2 3 ☐ Grade 3 4 ☐ Grade 4 5 ☐ Grade 5
- 2 What is your child's birthday?**
MONTH DAY YEAR
- 3 Is your child a girl or boy?** 1 ☐ Girl 2 ☐ Boy
- 4 Has your child ever been held back a grade?** 1 ☐ Yes 2 ☐ No
- 5 In the past, my child has gotten special help with reading** 1 ☐ in school 2 ☐ out of school 3 ☐ never
- 6 In the past, my child has gotten special help with math** 1 ☐ in school 2 ☐ out of school 3 ☐ never
- 7 Please circle ALL adults that live with this child MOST of the time?**
- 1 Mother 3 Grandmother 5 Other female adult...how many?
2 Father 4 Grandfather 6 Other male adult...how many?
- 8 Which language is the MAIN language you speak with your child?**
- 1 ☐ English 3 ☐ An Asian Language...which one?
2 ☐ Spanish 4 ☐ Another language...which one?
- 9 How would you describe your child's ethnicity?** 1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino
- 10 How would you describe your child's race (Check ALL that apply)?**
- 1 ☐ American Indian or Alaska Native 4 ☐ Native Hawaiian or Other Pacific Islander
2 ☐ Asian 5 ☐ White
3 ☐ Black or African American
- 11 Does your child receive free or reduced price lunch at school?** 1 ☐ Yes 2 ☐ No
- 12 What is the highest grade that this child's mother (or female guardian) completed in school?**
- 1 ☐ Did not graduate from high school 3 ☐ Some type of education or college after high-school
2 ☐ GED or High School diploma 4 ☐ A college degree or higher
- 13 How many times have you moved in the last two years?**
- 0 ☐ None 1 ☐ 1 time 2 ☐ 2 times 3 ☐ 3 or more times
- 14 How likely is it that you will move this year?**
- 1 ☐ Very likely 2 ☐ Somewhat likely 3 ☐ Not very likely



After School Program Student Survey



Study of Academic Instruction in After School Programs

[THE PERSON ADMINISTERING THE SURVEY WILL READ THIS COVER PAGE ALOUD]

- We would like to ask you some questions about your after school program and other things you do outside of school. We want to learn if and how your after-school program helps you with schoolwork.
- We hope that you will answer all of the questions, but if you don't want to answer a question you do not have to.
- No one in your school, your after-school program or your family will see your answers. Your answers will be kept secret.

THANK YOU VERY MUCH
for helping us learn more about your after school program!

MDRC
New York, NY

www.mdrc.org

For questions, call Fred Doolittle at 800-221-3165
fred.doolittle@mdrc.org

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.

AFTER-SCHOOL STUDENT SURVEY

For each question, please circle only one answer.

AFTER SCHOOL HELP WITH READING

I'd like to ask you about the help you get from different people in reading **AFTER SCHOOL**.

1.	How often does an adult at home help you with reading?	NEVER	SOME	A LOT
2.	How often does someone at your after-school program help you with reading?	NEVER	SOME	A LOT
3.	How often does someone else help you with reading after school?	NEVER	SOME	A LOT

4. How many days a week do you go to a reading class or activity (like help with reading) outside the regular school day that is not the one in this after-school program?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
--------	-------	--------	--------	--------	--------	--------	--------

ABOUT HOMEWORK

I'd like to ask you about the help you get from different people in doing homework.

5.	How often does an adult at home help you with homework?	NEVER	SOME	A LOT
6.	How often does someone at your after-school program help you with homework?	NEVER	SOME	A LOT
7.	How often does another adult help you with homework?	NEVER	SOME	A LOT
8.	How often does another student help you with homework?	NEVER	SOME	A LOT

9. If you NEVER get help with your homework, it is because
CHECK ONE ANSWER

- ☐ I never have homework
- ☐ I don't need help with my homework
- ☐ There is no one I can ask for help

- ☐ I DO get help with my homework

ABOUT AFTER-SCHOOL ACTIVITIES

10. What did you do yesterday (or the last school day) after your regular school ended?

CIRCLE THE LETTERS OF ALL THAT ARE TRUE ABOUT YOU

a.	Homework
b.	Reading, writing, math or science group activities or tutoring that were not homework
c.	Took lessons, met with a club, or played sports that were led by an adult
d.	Played on my own or with friends in activities that were not led by an adult
e.	Chores around the house
f.	Something else: what? Please write it here.

11. Do you ever have so much homework that you can't come to [Insert the name of the local after-school program]?

CHECK *ONE* ANSWER

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

- ☐ I never have homework

If you go to [INSERT LOCAL NAME OF THE AFTER SCHOOL PROGRAM], please answer questions 12 and 13.

If you no longer go to this program, check here. 1 ☐

AFTER-SCHOOL PROGRAM

12. Overall, what do you think of your after-school program?

CIRCLE ONE ANSWER IN EACH LINE

a.	I like my after-school program.	NOT REALLY	SOME	A LOT
b.	I learn interesting things.	NOT REALLY	SOME	A LOT

13. When you are doing reading activities or homework at your after school program, how true is each statement below?

CIRCLE ONE ANSWER IN EACH LINE

a.	These staff or teachers will help me with reading.	NOT REALLY	SOME	A LOT
b.	These staff or teachers want kids to work and study hard.	NOT REALLY	SOME	A LOT
c.	These staff or teachers pay attention to me.	NOT REALLY	SOME	A LOT
d.	These staff or teachers want me to do my best work.	NOT REALLY	SOME	A LOT
e.	These staff or teachers make me feel like I can do a good job.	NOT REALLY	SOME	A LOT
f.	These staff or teachers say nice things to me when I try hard or do something good.	NOT REALLY	SOME	A LOT
g.	These staff or teachers care for me.	NOT REALLY	SOME	A LOT
h.	These staff or teachers make me feel part of the group.	NOT REALLY	SOME	A LOT



After School Program Student Survey



Study of Academic Instruction in After School Programs

[THE PERSON ADMINISTERING THE SURVEY WILL READ THIS COVER PAGE ALOUD]

- We would like to ask you some questions about your after school program and other things you do outside of school. We want to learn if and how your after-school program helps you with schoolwork.
- We hope that you will answer all of the questions, but if you don't want to answer a question you do not have to.
- No one in your school, your after-school program or your family will see your answers. Your answers will be kept secret.

THANK YOU VERY MUCH
for helping us learn more about your after school program!

MDRC
New York, NY

www.mdrc.org

For questions, call Fred Doolittle at 800-221-3165
fred.doolittle@mdrc.org

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.

AFTER-SCHOOL STUDENT SURVEY

For each question, please circle only one answer.

AFTER SCHOOL HELP WITH MATH

I'd like to ask you about the help you get from different people in math AFTER SCHOOL.

1.	How often does an adult at home help you with math?	NEVER	SOME	A LOT
2.	How often does someone at your after-school program help you with math?	NEVER	SOME	A LOT
3.	How often does someone else help you with math after school?	NEVER	SOME	A LOT

4. How many days a week do you go to a math class or activity (like help with math) outside the regular school day that is not the one in this after-school program?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
--------	-------	--------	--------	--------	--------	--------	--------

ABOUT HOMEWORK

I'd like to ask you about the help you get from different people in doing homework.

5.	How often does an adult at home help you with homework?	NEVER	SOME	A LOT
6.	How often does someone at your after-school program help you with homework?	NEVER	SOME	A LOT
7.	How often does another adult help you with homework?	NEVER	SOME	A LOT
8.	How often does another student help you with homework?	NEVER	SOME	A LOT

9. If you NEVER get help with your homework, it is because
CHECK ONE ANSWER

- ☐ I never have homework
- ☐ I don't need help with my homework
- ☐ There is no one I can ask for help

- ☐ I DO get help with my homework

ABOUT AFTER-SCHOOL ACTIVITIES

10. What did you do yesterday (or the last school day) after your regular school ended?

CIRCLE THE LETTERS OF ALL THAT ARE TRUE ABOUT YOU

a.	Homework
b.	Reading, writing, math or science group activities or tutoring that were not homework
c.	Took lessons, met with a club, or played sports that were led by an adult
d.	Played on my own or with friends in activities that were not led by an adult
e.	Chores around the house
f.	Something else: what? Please write it here.

11. Do you ever have so much homework that you can't come to [Insert the name of the local after-school program]?

CHECK ONE ANSWER

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

- ☐ I never have homework

If you go to [INSERT LOCAL NAME OF THE AFTER SCHOOL PROGRAM], please answer questions 12 and 13.

If you no longer go to this program, check here. 1 ☐

AFTER-SCHOOL PROGRAM

12. Overall, what do you think of your after-school program?

CIRCLE ONE ANSWER IN EACH LINE

a.	I like my after-school program.	NOT REALLY	SOME	A LOT
b.	I learn interesting things.	NOT REALLY	SOME	A LOT

13. When you are doing math activities or homework at your after school program, how true is each statement below?

CIRCLE ONE ANSWER IN EACH LINE

a.	These staff or teachers will help me with math.	NOT REALLY	SOME	A LOT
b.	These staff or teachers want kids to work and study hard.	NOT REALLY	SOME	A LOT
c.	These staff or teachers pay attention to me.	NOT REALLY	SOME	A LOT
d.	These staff or teachers want me to do my best work.	NOT REALLY	SOME	A LOT
e.	These staff or teachers make me feel like I can do a good job.	NOT REALLY	SOME	A LOT
f.	These staff or teachers say nice things to me when I try hard or do something good.	NOT REALLY	SOME	A LOT
g.	These staff or teachers care for me.	NOT REALLY	SOME	A LOT
h.	These staff or teachers make me feel part of the group.	NOT REALLY	SOME	A LOT



School Day Teacher Survey



Study of Academic Instruction in After School Programs

The questions on this form ask about the academic performance of students in your class. These students are taking part in a special study of the after school program. For each item, please mark only one answer. Thank you very much for helping us to learn more about the school day experiences of these students.

We want you to know that:

- 1. We are asking you these questions to gather information about the effect of after school programs on children's academic performance.**
- 2. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can.**
- 3. All responses are confidential and for research purposes. Your responses will be combined with those of other teachers, and the answers you give will never be identified as yours.**

**MDRC
New York, NY**

www.mdrc.org

For questions, call Fred Doolittle at 800-221-3165

fred.doolittle@mdrc.org

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.

TEACHER SURVEY: STUDENT INFORMATION FORM

Please answer these questions for each student on the attached list.

	Student 1	Student 2	Student 3
	(Name label)	(Name label)	(Name label)
1. Is this student currently assigned to your class?	YES NO (Go to the next student)	YES NO (Go to the next student)	YES NO (Go to the next student)
2. Was this student assigned to your class for at least one month this school year?	YES NO Don't Know	YES NO Don't Know	YES NO Don't Know
3. Does this student receive any special support in reading or language arts during the school day (i.e., pull out tutoring, Reading Recovery, assigned to a computer assisted lab, etc.)?	YES NO Don't Know	YES NO Don't Know	YES NO Don't Know
4. Last week, what was the total amount of time (in minutes) this student's reading class met per week?	Minutes per week: _____	Minutes per week: _____	Minutes per week: _____
5. Last week, how much of that time (in minutes) did you (or an aide) provide individualized help to this student in reading?	Minutes per week: _____	Minutes per week: _____	Minutes per week: _____
6. Does this student complete homework to your standards?	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
7. How often does this student NOT complete their homework?	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
8. How frequently is this student disruptive?	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
9. Over the past 4 weeks, how often have you disciplined this child for misbehaving (e.g., asked this child to "sit-out", miss recess, stay after school)?	_____ time(s)	_____ time(s)	_____ time(s)

	Student 1	Student 2	Student 3
	_____ (Name or initials)	_____ (Name or initials)	_____ (Name or initials)
10. This student is attentive in class during reading or language arts.	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
11. What level of effort does this student apply in reading or language arts?	Always tries hard 1 <input type="checkbox"/> Usually tries hard 2 <input type="checkbox"/> Sometimes tries hard 3 <input type="checkbox"/> Rarely tries hard 4 <input type="checkbox"/>	Always tries hard 1 <input type="checkbox"/> Usually tries hard 2 <input type="checkbox"/> Sometimes tries hard 3 <input type="checkbox"/> Rarely tries hard 4 <input type="checkbox"/>	Always tries hard 1 <input type="checkbox"/> Usually tries hard 2 <input type="checkbox"/> Sometimes tries hard 3 <input type="checkbox"/> Rarely tries hard 4 <input type="checkbox"/>



School Day Teacher Survey



Study of Academic Instruction in After School Programs

The questions on this form ask about the academic performance of students in your class. These students are taking part in a special study of the after school program. For each item, please mark only one answer. Thank you very much for helping us to learn more about the school day experiences of these students.

We want you to know that:

- 1. We are asking you these questions to gather information about the effect of after school programs on children's academic performance.**
- 2. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can.**
- 3. All responses are confidential and for research purposes. Your responses will be combined with those of other teachers, and the answers you give will never be identified as yours.**

**MDRC
New York, NY**

www.mdrc.org

For questions, call Fred Doolittle at 800-221-3165

fred.doolittle@mdrc.org

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 5 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.

TEACHER SURVEY: STUDENT INFORMATION FORM

Please answer these questions for each student on the attached list.

	Student 1	Student 2	Student 3
	(Name label)	(Name label)	(Name label)
1. Is this student currently assigned to your class?	YES NO (Go to the next student)	YES NO (Go to the next student)	YES NO (Go to the next student)
2. Was this student assigned to your class for at least one month this school year?	YES NO Don't Know	YES NO Don't Know	YES NO Don't Know
3. Does this student receive any special support in math during the school day (i.e., pull out tutoring, remedial math assistance, assigned to a computer assisted lab, etc.?)	YES NO Don't Know	YES NO Don't Know	YES NO Don't Know
4. Last week, what was the total amount of time (in minutes) this student's reading class met per week?	Minutes per week: _____	Minutes per week: _____	Minutes per week: _____
5. Last week, how much of that time (in minutes) did you (or an aide) provide individualized help to this student in math?	Minutes per week: _____	Minutes per week: _____	Minutes per week: _____
6. Does this student complete homework to your standards?	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
7. How often does this student NOT complete their homework?	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
8. How frequently is this student disruptive?	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
9. Over the past 4 weeks, how often have you disciplined this child for misbehaving (e.g., asked this child to "sit-out", miss recess, stay after school)?	_____ time(s)	_____ time(s)	_____ time(s)

	Student 1	Student 2	Student 3
	(Name or initials)	(Name or initials)	(Name or initials)
10. This student is attentive in class during math.	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>	Often 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Not very often 3 <input type="checkbox"/> Never 4 <input type="checkbox"/>
11. What level of effort does this student apply in math?	Always tries hard 1 <input type="checkbox"/> Usually tries hard 2 <input type="checkbox"/> Sometimes tries hard 3 <input type="checkbox"/> Rarely tries hard 4 <input type="checkbox"/>	Always tries hard 1 <input type="checkbox"/> Usually tries hard 2 <input type="checkbox"/> Sometimes tries hard 3 <input type="checkbox"/> Rarely tries hard 4 <input type="checkbox"/>	Always tries hard 1 <input type="checkbox"/> Usually tries hard 2 <input type="checkbox"/> Sometimes tries hard 3 <input type="checkbox"/> Rarely tries hard 4 <input type="checkbox"/>

STUDENT RECORDS DATA COLLECTION PLANS

The research team will request the following data items for students in the research sample. As discussed in the justification statement, we will offer various options by which local programs, schools, and districts in the study could provide the needed data elements. Based on past experience, we believe the following data elements are typically collected by schools and included in student record systems.

Data Elements Requested

Grade in school year 2005-6

Birthdate/age

Gender

Race/ethnicity

English language learner or limited English proficiency status

Special education classification

Prior achievement test scores

Academic grades in school year 2005-6

Attendance in school year 2005-6

Grade retention/promotion at the end of school year 2005-6

Achievement test scores for school year 2005-6

Achievement Tests for Reading and Math at Baseline and Follow-up

As part of the Academic Instruction in After-School Programs project, we intend to administer standardized assessments at baseline and follow-up. These assessments are significant for measuring impacts on academic outcomes as we compare the results for the students in the treatment and control groups. The baseline tests can also be used to form subgroups based on prior academic achievement for the impact analysis.

We expect to use group administered assessments in reading at the reading sites and in math at the math sites. These assessments should take the students about an hour or less to complete. They will offer composite reading or math scores as well as subskill scores (e.g., comprehension and vocabulary for reading or computation and problem solving for math). We will select an assessment for which scores are reported in a form suitable for statistical analysis, and can be pooled across grades allowing the analysis of results for our full sample of 2nd through 5th graders. We also plan to administer a short, individually administered supplementary follow-up test at the reading sites for children in grades two and three to allow us to obtain more refined measures of word attack skills and fluency than are possible with group administered tests.

Administration: The research team and program staff will collaborate in the administration of the assessments at baseline, prior to random assignment, and the research team alone will administer all assessments at follow-up. Administration of the assessments will occur during the after-school program hours.